

MULTIPLE INDEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT			AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/							51					
2								52					
3								53					
4								54					
5								55					
6								56					
7								57					
8	/							58					
9								59					
10								60					
11	/							61					
12								62					
13								63					
14								64					
15								65					
16	/							66					
17								67					
18	/							68					
19								69					
20								70					
21								71					
22								72					
23	/							73					
24	/							74					
25	/							75					
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41								91					
42								92					
43								93					
44								94					
45								95					
46								96					
47								97					
48								98					
49								99					
50								100					
TOTAL IND.	4												
TOTAL DEP.	24												
TOTAL CLAIMS	28												